ROLLING HILLS REHABILTATION CENTER

14345 COUNTY HI GHWAY B

SPARTA 54656 Phone: (608) 269-8800 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 111 Yes Total Licensed Bed Capacity (12/31/01): 121 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 103 Average Daily Census: 104 ******************** ************************

Services Provided to Non-Residents	١	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	% 	Less Than 1 Year 1 - 4 Years	39. 8 27. 2
Supp. Home Care-Household Services		Developmental Disabilities	1.0	Under 65	6.8	More Than 4 Years	33. 0
Day Servi ces	No	Mental Illness (Org./Psy)	41.7	65 - 74	16. 5		
Respite Care	Yes	Mental Illness (Other)	1. 0	75 - 84	43. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	28. 2	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 9	95 & 0ver	4. 9	Full-Time Equivaler	nt
Congregate Meals	Yes	Cancer	3. 9	ĺ	ĺ	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	Yes	Fractures	8. 7		100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	3. 9	65 & 0ver	93. 2		
Transportati on	No	Cerebrovascul ar	9. 7			RNs	9. 4
Referral Service	No	Di abetes	4. 9	Sex	% j	LPNs	8. 4
Other Services	Yes	Respi ratory	1. 9		Ì	Nursi ng Assi stants,	
Provi de Day Programming for	j	Other Medical Conditions	21.4	Male	36. 9	Ai des, & Orderlies	55. 1
Mentally Ill	No			Female	63. 1		
Provi de Day Programming for	İ		100. 0		j		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	_		0ther			Pri vate Pay)		amily Care			anaged Care	[
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	1. 5	115	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	1. 0
Skilled Care	13	100. 0	291	59	88. 1	99	1	100. 0	117	22	100.0	114	0	0.0	0	0	0.0	0	95	92. 2
Intermedi ate				6	9. 0	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	1. 5	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100. 0		67	100.0		1	100.0		22	100.0		0	0.0		0	0.0		103	100.0

ROLLING HILLS REHABILTATION CENTER

Nursing Care Required (Mean)

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti c	ns, Services	, and Activities as of 12/	/31/01
Deaths During Reporting Period	l	`					
		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	7. 6	Daily Living (ADL)	Independent	One 0	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	4.8	Bathi ng	8. 7		61. 2	30. 1	103
Other Nursing Homes	3.8	Dressi ng	13. 6		64. 1	22. 3	103
Acute Care Hospitals	74.3	Transferring	27. 2		43. 7	29. 1	103
Psych. HospMR/DD Facilities	1. 9	Toilet Use	20. 4		45. 6	34. 0	103
Reĥabilitation Hospitals	0.0	Eating	66. 0		17. 5	16. 5	103
Other Locations	7.6	**************	******	******	******	*********	******
Total Number of Admissions	105	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	3. 9	Recei vi ng	Respi ratory Care	6. 8
Private Home/No Home Health	9.8	Occ/Freq. Incontinent	t of Bladder	56 . 3	Recei vi ng	Tracheostomy Care	1. 0
Private Home/With Home Health	25. 9	Occ/Freq. Incontinent	t of Bowel	34. 0	Recei vi ng	Sucti oni ng	1.0
Other Nursing Homes	4. 5				Recei vi ng	Ostomy Care	1. 9
Acute Care Hospitals	2. 7	Mobility			Recei vi ng	Tube Feeding	1. 0
Psych. HospMR/DD Facilities	0.9	Physically Restrained	i	13. 6	Recei vi ng	Mechanically Altered Diets	42.7
Rehabilitation Hospitals	0.0						
Other Locations	7. 1	Skin Care			Other Reside	nt Characteristics	
Deaths	49. 1	With Pressure Sores		1. 9	Have Advan	ce Directives	91. 3
Total Number of Discharges		With Rashes		6.8	Medi cati ons		
(Including Deaths)	112				Recei vi ng	Psychoactive Drugs	50. 5

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Government 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 84.7 87. 7 0.97 83. 5 1.01 84. 4 1.00 84.6 1.00 Current Residents from In-County 79.6 76. 7 1.04 79. 2 1. 00 75. 4 1.06 77. 0 1. 03 Admissions from In-County, Still Residing 31.4 28. 2 1. 12 22. 5 1.40 22. 1 1.42 20.8 1.51 Admissions/Average Daily Census 101.0 91.3 1. 11 125. 7 0.80 118. 1 0.86 128. 9 0.78 Discharges/Average Daily Census 107.7 92.8 127. 5 0.84 118. 3 0.91 130. 0 0.83 1. 16 Discharges To Private Residence/Average Daily Census 38. 5 32. 9 1.17 51.5 0.75 46. 1 0.83 52.8 0.73 Residents Receiving Skilled Care 93. 2 90.8 1.03 91.5 1.02 91.6 1.02 85. 3 1.09 Residents Aged 65 and Older 93. 2 88.8 1.05 94. 7 0.98 94. 2 0.99 87. 5 1.07 Title 19 (Medicaid) Funded Residents 65.0 67.9 0.96 72. 2 0.90 69.7 0.93 68. 7 0.95 Private Pay Funded Residents 21. 2 22. 0 21.4 19. 7 1.08 18. 6 1. 15 1.01 0.97 Developmentally Disabled Residents 1.0 0.8 1. 22 0.7 1.35 0.8 7. 6 0.13 1. 23 Mentally Ill Residents 42.7 46. 1 0.93 35. 8 1. 19 39. 5 1.08 33. 8 1. 26 General Medical Service Residents 21.4 14.8 1.44 16. 9 1. 27 16. 2 1.32 19.4 1.10 48. 2 1. 04 49.3 Impaired ADL (Mean) 49.9 49.7 1.00 48. 5 1.03 1.01 Psychological Problems 50. 5 56. 1 0.90 48. 7 1. 04 50.0 1.01 51. 9 0.97

6. 7

1. 18

6. 9 1. 14

7.0

1. 12

7. 3 1. 08

7. 9